

# A Summary Of Evidence Against The COVID Vaccines

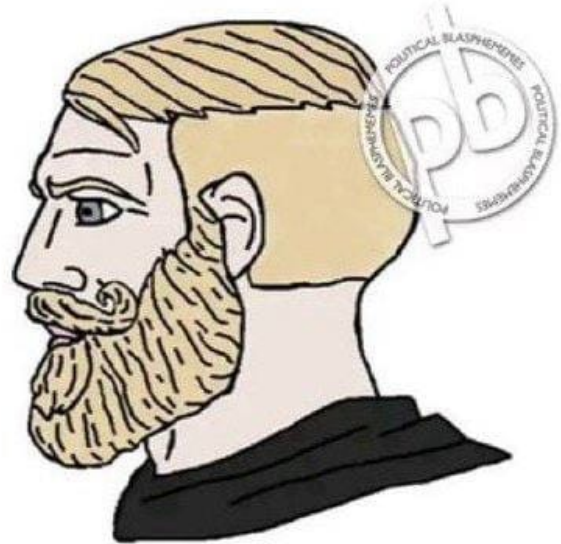


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**I WANT PEER-REVIEWED  
ARTICLES AND AT  
LEAST 10 SOURCES!**



**WHY? YOU GOT JABBED IN A  
PARKING LOT BY A STRANGER  
WITH A DRUG YOU KNEW  
NOTHING ABOUT JUST TO  
GET A FREE DONUT.**

Here's a quick summary of the key pieces of evidence that taken together show that the COVID vaccines are unsafe and that the medical community should not be trusted.

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Here is a short list of reasons that everyone should be concerned about the COVID vaccine. This is not an exhaustive list.

1. **Doctors are told to trust the FDA and CDC when prescribing vaccines.** All the post-marketing safety data is kept hidden by health authorities so not even doctors can look at the data themselves to find out if any vaccine is safe. Doctors thus have no choice but to trust the authorities since the data is kept secret. They are essentially told: “do what we tell you to do, do not question authority or we will take away your license.”
2. **The CDC itself doesn’t have the data to make a post-marketing independent vaccine safety assessment and they are not interested in obtaining the data either!** The CDC relies on the FDA who relies on the manufacturer to test the product. The CDC could ask states for vaccination records tied to death records, but they don’t want to even ask because if they did a safety analysis, it could be discovered in a FOIA request. The CDC basically has no interest whatsoever in verifying what the actual safety data is. When I offered to show them the NZ data before I published it (so they would finally have record level data), they declined to look at it.
3. **Lack of transparency by health authorities.** Not a single health authority anywhere in the world has ever released anonymized record-level patient data for independent researchers to assess the safety of any vaccine. There isn’t any paper in a peer-reviewed journal showing that health outcomes are improved if public health data is kept secret.
4. **Lack of interest in data transparency by the medical community.** Can you name a single high-profile pro-vaccine member of the medical community who has called for data transparency of public health data? Time-series cohort analyses can be easily produced by health authorities and published for everyone to see. These would show safety signals and do not jeopardize patient privacy. These are always kept hidden. The lone exception is the UK ONS, but they made their “buckets” so large that you cannot see the impact of the vaccine. When I asked them to redo their analysis with smaller buckets, they stopped responding to me.

5. **We aren't allowed to see even the simplest of charts.** Wouldn't it be great to define two cohorts on July 1, 2021: COVID vaccinated vs. COVID unvaccinated. Then you simply record the deaths from that point forward and plot them. Why isn't this being published?
6. **Misinformation is deemed to be a problem, but the people making these statements are unwilling to take any steps to stop the so-called misinformation.** These steps include: open public discussion to resolve differences of opinion and making public health data available/public in a way that preserves privacy. For example, HHS (as well as every state health department) should welcome all of us with open arms and invite us to query their databases (such as VSD and Medicare in the case of HHS) and publish whatever we find. Why does this information need to be hidden? The numbers tell the story, not the individual records.
7. **No response from health authorities to reasonable requests.** I've sent emails to Sarah Caul of the UK ONS on four ways the ONS can increase data transparency. There was no response.
8. **No response when asked to explain damaging evidence.** When credible scientists receive government data that shows very troubling safety signals, there is a total unwillingness of any health authority to discuss the matter and resolve it.
9. **The US Medicare data clearly shows mortality increases after people take the jab.** Is there any epidemiologist who can explain why deaths rose during a period in time when they should have been falling (per the Medicare death data)? For the first 120 days after the shots given in March 2021, death rates overall were falling. But death rates went up for those who got the shot. We know from data from other vaccines that the baseline death rate of 81-year-olds in Medicare is 3.85%, so the baseline death rate of this group is <800 deaths a day. These deaths climb far above baseline after you took the COVID shot.
10. **The patient-level data released from NZ data confirms that mortality increases after the shots** are given despite the fact that most of the shots were given during time periods when deaths were falling. Nobody's been able to explain that. NZ data: Doses 2 and 4 were given while background mortality was falling, dose 3 while rising. So we'd expect the slope to fall in the first 6 months after vaccination. It

does the opposite.

11. **Anecdotes** such as the one from Jay Bonnar who lost 15 of his DIRECT friends unexpectedly since the shots rolled out. Four of the 15 died on the same day as that vaccine was given. Before the shots rolled out, Jay had lost only one friend unexpectedly. The probability this happened by chance is given by  $\text{poisson.sf}(14, .25)$  which is **5.6e-22**. So this can't happen by chance. SOMETHING killed Jay's friends and 4 of the 15 died on the same day as they were vaccinated. Is there a more plausible explanation for what killed Jay's friends? All of them who died were vaccinated with the COVID vaccines.
12. **Well done studies like the one done by Denis Rancourt showing 1 death per 800 shots on average.** Jay Bonnar estimates he has around 14,000 friends so Jay Bonnar's numbers are consistent with Rancourt's results.
13. **Survey data** like Skidmore and Rasmussen Reports showing that hundreds of thousands of Americans have been killed by the COVID shots. There have never been any counter surveys published showing this not to be the case. The Rasmussen polls have shown that a comparable number of people have been killed by the shots as by the virus (and the treatment protocols for the virus).
14. **The lack of any success stories.** It appears that "vaccine success stories" where COVID infection fatality ratios dropped or that myocarditis cases plummeted after the vaccines rolled out do not exist. The US Nursing home data shows that the infection fatality rate (IFR) increased after the vaccine rolled out. There is nobody using that data making the claim it reduced the IFR. At best, the vaccines did absolutely nothing. If you showed someone a graph of cases and deaths, nobody would be able to tell you when the vaccines rolled out. Conversely, after the shots rolled out, the "failure stories" skyrocketed.
15. **Anecdotes from healthcare are extremely troubling.** One nurse reported a hospital admission rate that was 3X higher than anything in the 33-year history of the hospital after the COVID vaccines rolled out. Symptoms rarely ever seen were common after vaccines rolled out in that age group.
16. **Lack of autopsies in clinical trials and post-marketing.** The CDC doesn't request anyone to do autopsies even for people who die on the same day as they got the vaccine. Don't they want to know what killed those people... just to be sure?

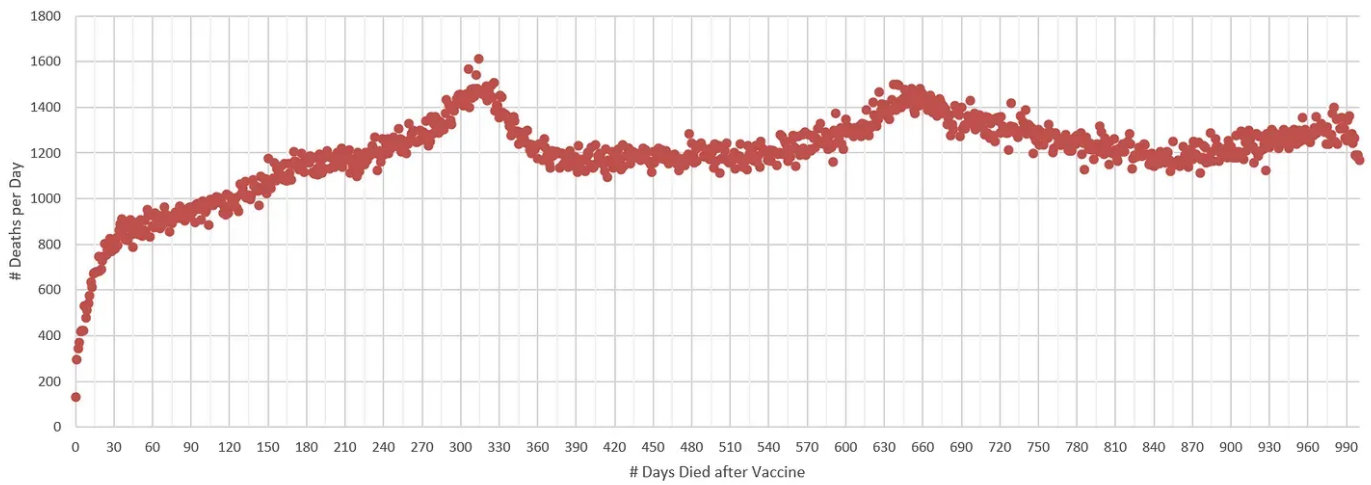
17. **Young people dying in sleep.** There are way too many cases of young people who die in their sleep after being vaccinated. Doctors say this is a rare event. Now it is much more common. If the shots are safe, why is this happening?
18. **I have direct personal experience with the vaccine:** two people I know were killed by the vaccine, none from COVID. I know many people who are vaccine injured from the COVID vaccine.
19. **Corruption in the VAERS system** used to track adverse events. See [this presentation by Albert Albert Benavides](#). In addition, the v-safe system showed that **8% of the people who got the vaccine had to see medical attention** (which is in itself a train wreck), but the CDC refused to voluntarily disclose this important information and even today they don't talk about it.
20. **The CDC covered up 770 safety signals.** They didn't tell the public about them at all. Not even hinting at them. A safety signal is very serious. To get one safety signal would be concerning. But to get 770 safety signals triggered (on 770 different adverse event types) and then not say anything to the public about it is a sure sign of a very corrupt public agency whose job is to protect the manufacturers, not the public.
21. **Ed Dowd's book statistics.** This very popular book ("[Cause Unknown](#)") listed 500 who died unexpectedly. Ed didn't know how many were unvaccinated. Only one person has come forward saying that one of the people in the book who died after the vaccines rolled out was unvaccinated.
22. **Prominent doctor/scientists switching sides.** Paul Marik is one of the top intensivists in the world. After seeing many COVID vaccine injured patients, he changed his mind about the safety of vaccines. When he was not allowed to practice medicine consistent with his Hippocratic Oath, he resigned his position.
23. **The corruption with COVID protocols.** The COVID hospital protocols likely caused 90% of the COVID deaths in hospitals. This led to Paul Marik resigning. See [details in this article](#). Why are doctors forced to use hospital protocols that kill a huge percentage of patients instead of using their best judgment to save patients?
24. **[This JAMA paper](#) shows that COVID and influenza vaccines don't work.** Why are we pushing a vaccine where the statistics clearly show the vaccines don't work?
25. **The consistency of the data.** There have been no counter-anecdotes showing the vaccines are safe. I keep looking for one and come up empty.

26. **No debates with anyone prominent promoting the government narrative.** Those who promote the narrative refuse to engage in any scientific discussions to resolve differences of opinion. This is similar to the question of whether vaccines cause autism: nobody who thinks it doesn't is willing to engage in a public discussion about it to discuss the evidence. Why not resolve the issue through dialog? It isn't resolved in the peer-review literature where half the papers say vaccines cause autism and the other half don't. Why can't we talk about it?
27. **Fear and intimidation tactics are used to silence dissent.** Open debate would be more productive. But people are not allowed to hold or discuss views that go against the "consensus" or they will lose their jobs, their certifications, or their medical licenses. Health care workers are told they will be fired if they report an adverse event to VAERS, there are nurses who won't talk about anaphylaxis after getting the vaccine for fear of being fired, vaccine injuries are covered up, hospital workers are afraid to talk about it at work.
28. **The cognitive dissonance is very disturbing.** When healthcare workers bring up the topic of mortality and morbidity due to the vaccine, their peers say nothing and walk away.
29. **Censorship tactics employed by the US government to silence dissent instead of public recorded open debates.** History has shown that purveyors of censorship are always on the wrong side of the issue.
30. **We have stopping condition.** The Schwab paper showed people are being killed by the vaccine. The paper established that the rate of deaths was sufficient to halt the vaccine as unsafe. Nobody paid attention. The stopping condition is one death per million doses. So if you give 750M doses, you should have fewer than 750 deaths. The Schwab paper estimated that 14% of the people who died within 20 days of vaccination were killed by the vaccine. 14% of 137,000 people is 19,000 people which is more than 750 people.

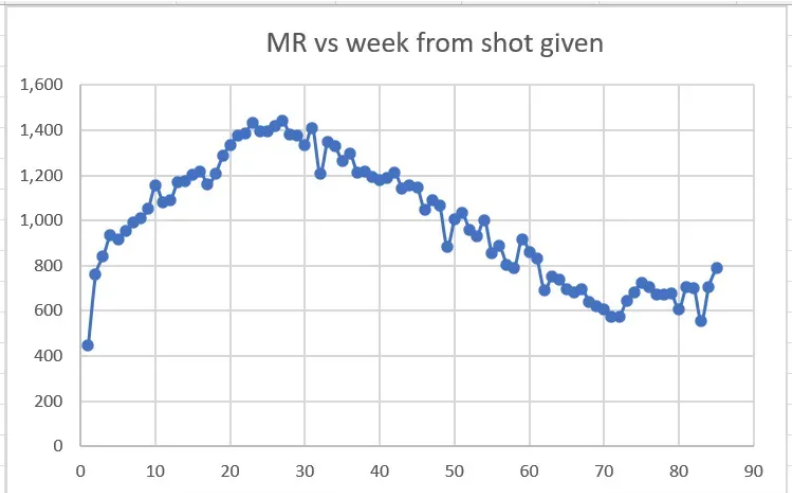
**Highly respected scientists are calling for a halt to the vaccine.** Peter McCullough has called for an end to the COVID shots, yet it falls on deaf ears. Peter McCullough and European Parliament 14 SEPT 23. Dr. Peter McCullough Calls For Complete Stop To All COVID Injections – Not Safe For Human Use: "I submit to you the COVID-19 vaccines and all of their progeny & future boosters are not safe for human use."



Medicare Deaths per Day for those Vaccinated for COVID-19 in Mar, 2021  
 # deaths vs. # days died after vaccine  
 number vaccinated = 6,881,182  
 days died between 0 and 1,000  
 Mean age at time of death = 80 years old



dose start	2		
dose end	4		
age start	0		
age end	150		
date start	1/1/2021		
date end	12/1/2023		
week start	0		
week end	200		
date = observation date			
week = weeks since most recent shot given			
MR = mortality rate in deaths per 100K person years			
If the number is in red, it means you can modify it to affect what is shown in the tables and the chart below.			



Source: STEVE KIRSCH'S NEWSLETTER

Oginal Article: <https://www.thelibertybeacon.com/unsafe-ineffective-and-cant-be-trusted/>

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